**INDIVIDUALIZED EDUCATION PROGRAM (IEP) School Age**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | | | Cheyenne | | | | | | | | | |
| IEP Team Meeting Date (mm/dd/yy): | | | | | | | | | | 10/08/2009 | | | |
| IEP Implementation Date (Projected Date when Services and Programs Will Begin): | | | | | | | | | | | | | | |  | | |
| Anticipated Duration of Services and Programs: | | | | | | | | | | | |  | | | | | |
| Date of Birth: | | | 09/2/1999 | | | | | | | | |
| Age: | 10 | | | | |
| Grade: | 3rd | | | | | |
| Anticipated Year of Graduation: | | | | | | | | |  | |
| Local Education Agency (LEA): | | | | | | | | | Wyoming Valley West SD | | | | | | | |
| County of Residence: | | | | | | | | Luzerne County | | | | |  | | |  | | |
| Name and Address of Parent/Guardian/Surrogate: | | | | | | | | | | | | | Phone (Home): | | | 570-709-3934 | | |
|  | |  | | | | | | | | | | | Phone (Work): | | |  | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Other Information: | | | | |  | | | | | | | | | | | | | |

The LEA and parent have agreed to make the following changes to the IEP without convening an IEP meeting, as documented by:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Date of Revision(s)** | **Participants/Roles** | **IEP Section(s) Amended** |
|  |  |  |
|  |  |  |
|  |  |  |

**IEP TEAM/SIGNATURES**

The Individualized Education Program team makes the decisions about the student’s program and placement. The student’s parent(s), the student’s special education teacher, and a representative from the Local Education Agency are required members of this team. Signature on this IEP documents attendance, not agreement.

|  |  |  |
| --- | --- | --- |
| **Role** | **Printed Name** | **Signature** |
| Parent/Guardian/Surrogate |  |  |
| Parent/Guardian/Surrogate |  |  |
| Student\* |  |  |
| Regular Education Teacher\*\* |  |  |
| Special Education Teacher |  |  |
| Local Ed Agency Rep |  |  |
| Career/Tech Ed Rep\*\*\* |  |  |
| Community Agency Rep |  |  |
| Teacher of the Gifted\*\*\*\* |  |  |
|  |  |  |

\* The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate.

\*\* If the student is, or may be, participating in the regular education environment

\*\*\* As determined by the LEA as needed for transition services and other community services

\*\*\*\* A teacher of the gifted is required when writing an *IEP* for a student with a disability who also is gifted.

One individual listed above must be able to interpret the instructional implications of any evaluation results.

Written input received from the following members:

|  |
| --- |
|  |

**Transfer of Rights at Age of Majority**

For purposes of education, the age of majority is reached in Pennsylvania when the individual reaches 21 years of age. Likewise, for purposes of the Individuals with Disabilities Education Act, the age of majority is reached for students with disabilities when they reach 21 years of age.

|  |
| --- |
| **PROCEDURAL SAFEGUARDS NOTICE** |

I have received a copy of the *Procedural Safeguards Notice* during this school year. The *Procedural Safeguards Notice* provides information about my rights, including the process for disagreeing with the IEP. The school has informed me whom I may contact if I need more information.

|  |  |
| --- | --- |
| Signature of Parent/Guardian/Surrogate: |  |

**I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED AS “YES” MUST BE ADDRESSED IN THE IEP.**

**Is the student blind or visually impaired?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP must include a description of the instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student’s reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student’s future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student. |
|  |
| x | No |  |  |

**Is the student deaf or hard of hearing?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP must include a communication plan to address the following: language and communication needs; opportunities for direct communications with peers and professional personnel in the student’s language and communication mode; academic level; full range of needs, including opportunities for direct instruction in the student’s language and communication mode; and assistive technology devices and services. Indicate in which section of the IEP these considerations are addressed. The Communication Plan must be completed and is available at [www.pattan.net](http://www.pattan.net) |
|  |
|  |  |  |  |
| x | No |  |  |

**Does the student have communication needs?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction (SDI), annual goals, etc.) |
|  |
| x | No |  |  |

**Does the student need assistive technology devices and/or services?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | Student needs must be addressed in the IEP (i.e., present levels, specially designed instruction, annual goals, etc.) |
|  |
| x | No |  |  |

**Does the student have limited English proficiency?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | The IEP team must address the student’s language needs and how those needs relate to the IEP. |
|  |
| x | No |  |  |

**Does the student exhibit behaviors that impede his/her learning or that of others?**

|  |  |  |  |
| --- | --- | --- | --- |
| x | Yes |  | The IEP team must develop a Positive Behavior Support Plan that is based on a functional assessment of behavior and that utilizes positive behavior techniques. Results of the functional assessment of behavior may be listed in the Present Levels section of the IEP with a clear measurable plan to address the behavior in the Goals and Specially Designed Instruction sections of the IEP or in the Positive Behavior Support Plan if this is a separate document that is attached to the IEP. A Positive Behavior Support Plan and a Functional Behavioral Assessment form are available at [www.pattan.net](http://www.pattan.net) |
|  |
|  |  |  |  |
|  | No |  |  |

**Other** (specify):

|  |
| --- |
|  |

**II. PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**Include the following information related to the student:**

* Present levels of academic achievement (e.g., most recent evaluation of the student, results of formative assessments, curriculum-based assessments, transition assessments, progress toward current goals)
* Present levels of functional performance (e.g., results from a functional behavioral assessment, results of ecological assessments, progress toward current goals)
* Present levels related to current postsecondary transition goals if the student’s age is 14 or younger if determined appropriate by the IEP team (e.g., results of formative assessments, curriculum-based assessments, progress toward current goals)
* Parental concerns for enhancing the education of the student
* How the student’s disability affects involvement and progress in the general education curriculum
* Strengths
* Academic, developmental, and functional needs related to student’s disability

|  |
| --- |
| Cheyenne is a third grade student in the emotional support classroom.  Cheyenne took the Brigance Diagnostic Comprehensive Inventory of Basic Skills ford word recognition, listening comprehension, time, money and math skills.  Cheyenne is able to identify and write all upper and lower case letters of the alphabet.  Cheyenne can identify words at a lower second grade level. She is also able to listen to a lower second grade level story and expressively answer 4 out of 5 comprehension questions.  She is able to copy from the board.  Cheyenne is able to hold a book correctly and can track the letters from left to right.  Cheyenne displays these behaviors in the classroom: out of her seat=.40x per day, noncompliant with work=.60x per day, did not raise hand=.20x per day, aggressive=.10x per day. these behaviors last 15-30 seconds.  Cheyenne displays anxiety caused by separation from comfort zones such as home and parents and situations in which she has to socialize with others.  Cheyenne has difficulty interacting with peers due to a deficit in social skills. She also does not enjoy gym class because of her social skills difficulties.  Cheyenne will work for verbal praise, and reinforces such as tokens, computers, stickers…etc.  Cheyenne shares with others and engages in cooperative play when prompted by adults.  She enjoys helping the teacher,  Enjoys coloring, word fill ins, word searches, and hidden pictures.  Cheyenne needs skills review, retention, small group instruction, shorter assignments during math instruction.  Cheyenne need daily reviews of the classroom rules.  Cheyenne is sometimes socially inappropriate with both peers and adults. She needs to work on increasing positive social interactions with both other students and adults by holding a socially acceptable topic of conversation.  Cheyenne receives Speech and Language Therapy twice a week for thirty minute sessions. This continues to increase her receptive and expressive language skills, as well as her age-appropriate social skills.  Consequences need to be given to Cheyenne the first time a behavior occurs. |

**III. TRANSITION SERVICES – This is required for students age 14 or younger if determined appropriate by the IEP team.** If the student does not attend the IEP meeting, the school must take other steps to ensure that the student’s preferences and interests are considered. Transition services are a coordinated set of activities for a student with a disability that is designed to be within a results oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student’s movement from school to post school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation that is based on the individual student’s needs taking into account the student’s strengths, preferences, and interests.

**POST SCHOOL GOALS** – Based on age appropriate assessment, define and project the appropriate measurable postsecondary goals that address education and training, employment, and as needed, independent living. Under each area, list the services/activities and courses of study that support that goal. Include for each service/activity the location, frequency, projected beginning date, anticipated duration, and person/agency responsible.

**For students in Career and Technology Centers, CIP Code:**

|  |
| --- |
| N/A |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Postsecondary Education and Training Goal:** | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| N/A | | | | |
| Courses of Study: | | | | | | |
|  | | | | | | |
| Service/Activity | Location | Frequency | Projected Beginning Date | Anticipated Duration | | Person(s)/Agency Responsible |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
| **Employment Goal:** | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| N/A | | | | |
| Courses of Study: | | | | | | |
|  | | | | | | |
| Service/Activity | Location | Frequency | Projected Beginning Date | Anticipated Duration | | Person(s)/Agency Responsible |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
| **Independent Living Goal, if appropriate:** | | | | | Measurable Annual Goal  Yes/No  (Document in Section V) | |
| N/A | | | | |
| Courses of Study: | | | | | | |
|  | | | | | | |
| Service/Activity | Location | Frequency | Projected Beginning Date | Anticipated Duration | | Person(s)/Agency Responsible |
|  |  |  |  |  | |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. PARTICIPATION IN STATE AND LOCAL ASSESSMENTS**  **Instructions for IEP Teams:**  Please check the appropriate assessments. If the student will be assessed using the PSSA or the PSSA-Modified, the IEP Team must choose which assessment will be administered for each content area (Reading, Mathematics, and Science). For example, a student may take the PSSA-Modified for Reading and the PSSA for Mathematics and Science. If the student will be assessed using the PASA, the IEP Team need not select content areas because ALL content areas will be assessed using the PASA.   * **PSSA** (Please choose the appropriate option and content areas for the student. A student may be eligible to be assessed using the PSSA-Modified assessment for one or more content areas and be assessed using the PSSA for other content areas.) * **PSSA-Modified** (Please choose the appropriate option and content areas for the student. A student may be eligible to be assessed using the PSSA-Modified assessment for one or more content areas and be assessed using the PSSA for other content areas.)   Allowable accommodations may be found in the PSSA Accommodations Guidelines at: [www.portal.state.pa.us/portal/server.pt/community/testing\_accommodations\_\_security/7448](http://www.portal.state.pa.us/portal/server.pt/community/testing_accommodations__security/7448)  Criteria regarding PSSA-Modified eligibility may be found in Guidelines for IEP Teams: Assigning Students with IEPs to State Tests (ASIST) at: [www.education.state.pa.us/portal/server.pt/community/special\_education/7465/assessment/607491](http://www.education.state.pa.us/portal/server.pt/community/special_education/7465/assessment/607491)  Criteria regarding PASA eligibility may be found in Guidelines for IEP Teams: Assigning Students with IEPs to State Tests (ASIST) at: [www.education.state.pa.us/portal/server.pt/community/special\_education/7465/assessment/607491](http://www.education.state.pa.us/portal/server.pt/community/special_education/7465/assessment/607491)  **Not Assessed** (Please select if student is not being assessed by a state assessment this year)   |  |  | | --- | --- | |  | Assessment is not administered at this student’s grade level |   **Reading** (PSSA grades 3-8, 11; PSSA-M grades 4-8, 11)   |  |  | | --- | --- | |  | Student will participate in the PSSA without accommodations | |  | Student will participate in the PSSA with the following appropriate accommodations: | |  | Student will participate in the PSSA-Modified without accommodations | | x | Student will participate in the PSSA-Modified with the following appropriate accommodations: |   **Math** (PSSA grades 3-8, 11; PSSA-M grades 4-8, 11)   |  |  | | --- | --- | |  | Student will participate in the PSSA without accommodations | |  | Student will participate in the PSSA with the following appropriate accommodations: | |  | Student will participate in the PSSA-Modified without accommodations | | x | Student will participate in the PSSA-Modified with the following appropriate accommodations: |   **Science** (PSSA grades 4, 8, 11; PSSA-M grades 8, 11)   |  |  | | --- | --- | |  | Student will participate in the PSSA without accommodations | |  | Student will participate in the PSSA with the following appropriate accommodations: | |  | Student will participate in the PSSA-Modified without accommodations | |  | Student will participate in the PSSA-Modified with the following appropriate accommodations: |   **Writing** (PSSA grades 5, 8, 11)   |  |  | | --- | --- | |  | Student will participate in the PSSA without accommodations | |  | Student will participate in the PSSA with the following appropriate accommodations: |   **PASA** (PASA grades 3-8, 11 for Reading and Math; Grades 4, 8, 11 for Science)   |  |  | | --- | --- | |  | Student will participate in the PASA | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | | |
|  |  |  | | Explain why the student cannot participate in the PSSA or the PSSA-M for Reading, Math, or Science: | | |
|  |  |  | | Cheyenne has been classified as having the disability of Mental Retardation. With modifications Cheyenne will be able to complete the PSSA tests in the 3rd grade setting. | | |
|  |  |  | |  | | |
|  |  |  | | Explain why the PASA is appropriate: | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  | Choose how the student’s performance on the PASA will be documented. | | | | |
|  |  |  |  | | Videotape (will be kept confidential as all other school records) |  |
|  |  |
|  |  |  |  | | Written narrative (will be kept confidential as all other school records) |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Local Assessments** | | | | | |
|  |  |  | | | |
|  |  | Local assessment is not administered at this student’s grade level; OR | | | |
|  |  |  | | | |
|  |  | Student will participate in local assessments without accommodations; OR | | | |
|  |  |  | | | |
|  | xx | Student will participate in local assessments with the following accommodations; OR | | | |
|  |  |  | |  | |
|  |  |  |  | | |
|  |  | The student will take an alternate local assessment. | | | |
|  |  |  | | |  |
|  |  |  | | | Explain why the student cannot participate in the regular assessment: |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | | Explain why the alternate assessment is appropriate: |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | | |

**V. GOALS AND OBJECTIVES** – Include, as appropriate, academic and functional goals. Use as many copies of this page as needed to plan appropriately. Specially designed instruction may be listed with each goal/objective or listed in Section VI.

Short term learning outcomes are required for students who are gifted. The short term learning outcomes related to the student’s gifted program may be listed under Goals or Short Term Objectives.

|  |  |  |  |
| --- | --- | --- | --- |
| MEASURABLE ANNUAL GOAL  Include: Condition, Name, Behavior, and Criteria  (Refer to Annotated IEP for description of these components) | Describe HOW the student’s progress toward meeting this goal will be measured | Describe WHEN periodic reports on progress will be provided to parents | Report of Progress |
| Cheyenne will follow directions at a 3rd grade level with 80 percent accuracy as measured by a reward system chart.  . | Every day Cheyenne will be observed in the classroom completing tasks and following classroom rules set in place. | Every week Cheyenne will be given a reward after completing a certain number of tasks and following a certain number of rules.  Every week parents will receive letters from the teacher. | Rewards  Letter to Parents |
| Cheyenne will respond to information/questions at a 2nd grade level 8 out of 10 opportunities as  measured by her Speech and Language Therapist. | Twice weekly Cheyenne will meet with her therapist for 30 minute sessions. | Every week there be a letter sent home to Cheyenne’s parents. | Letter to Parents. |
| Cheyenne will use and demonstrate time management skills at a 3rd grade level without assistance with  90 percent accuracy as measured by a reward system. | Cheyenne will be rewarded with stickers, free time opportunities..etc. when she stays on task. | Every day Cheyenne will take home her in class chart to share with her parents. | In class chart. |
| Cheyenne will control impulsive behavior with 80% frequency as measured by self regulating behaviors. | Cheyenne will use her reward system to refrain from cursing and banging her head on her desk. | Every day a letter will go home sharing Cheyenne’s improvement with her parents. | Parent Letter |

**SHORT TERM OBJECTIVES –** Required for students with disabilities who take alternate assessments aligned to alternate achievement standards (PASA).

|  |
| --- |
| Short term objectives / Benchmarks |
| -After 3 weeks Cheyenne will be staying on task and obeying rules 60% of the time. |
| -After 5 weeks Cheyenne will be staying on task and obeying rules 70% of the time. |
| -After 7 weeks Cheyenne will be staying on task and obeying rules 80% of the time. |

|  |
| --- |
| -After 2 weeks Cheyenne will correctly respond to 3 out of 5 questions correctly. |
| -After 4 weeks Cheyenne will correctly respond to 4 out of 5 questions correctly. |
| -After 6 weeks Cheyenne will correctly respond to 5 out of 5 questions correctly. |
| -After 2 weeks Cheyenne will stay on task and not get out of her seat 30% of the day. |
| -After 4 weeks Cheyenne will stay on task and not get out of her seat 60% of the day. |
| -After 6 weeks Cheyenne will stay on task and not get out of her seat 90% of the day. |
| -After 2 weeks Cheyenne will demonstrate self control and refrain from outbursts and cursing 35% of the day. |
| -After 4 weeks Cheyenne will demonstrate self control and refrain from outbursts and cursing 60% of the day. |

|  |
| --- |
| -After 6 weeks Cheyenne will demonstrate self control and refrain from outbursts and cursing 80% of the day. |

**VI. SPECIAL EDUCATION / RELATED SERVICES / SUPPLEMENTARY AIDS AND SERVICES / PROGRAM MODIFICATIONS –** Include, as appropriate, for nonacademic and extracurricular services and activities.

**A. PROGRAM MODIFICATIONS AND SPECIALLY DESIGNED INSTRUCTION (SDI)**

* + SDI may be listed with each goal or as part of the table below.
  + Include supplementary aids and services as appropriate.
  + For a student who has a disability and is gifted, SDI also should include adaptations, accommodations, or modifications to the general education curriculum, as appropriate for a student with a disability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Modifications and SDI* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**B. RELATED SERVICES –** List the services that the student needs in order to benefit from his/her special education program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Service* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
| Emotional Support  Classroom | Milestones Achievement Center | Every Day | 10/09/2009 | 06/15/2009 |
|  |  |  |  |  |
|  |  |  |  |  |

**C. SUPPORTS FOR SCHOOL PERSONNEL –** List the staff to receive the supports and the supports needed to implement the student’s IEP.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *School Personnel to Receive Support* | *Support* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**D. GIFTED SUPPORT SERVICES FOR A STUDENT IDENTIFIED AS GIFTED WHO ALSO IS IDENTIFIED AS A STUDENT WITH A DISABILITY –** Support services are required to assist a gifted student to benefit from gifted education (e.g., psychological services, parent counseling and education, counseling services, transportation to and from gifted programs to classrooms in buildings operated by the school district).

|  |  |
| --- | --- |
| *Support Service* |  |
| *Support Service* |  |
| *Support Service* |  |

**E. EXTENDED SCHOOL YEAR (ESY) – The IEP team has considered and discussed ESY services, and determined that:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  |  |  | | | |
|  |  | Student IS eligible for ESY based on the following information or data reviewed by the IEP team: | | | |
|  |  |  | |  | |
|  |  |  |  | | |
|  |  | OR | | | |
|  |  |  | | | |
|  |  | As of the date of this IEP, student is NOT eligible for ESY based on the following information or data reviewed by the IEP team: | | | |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

The Annual Goals and, when appropriate, Short Term Objectives from this IEP that are to be addressed in the student’s ESY Program are:

|  |
| --- |
|  |

If the IEP team has determined ESY is appropriate, complete the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *ESY Service to be Provided* | *Location* | *Frequency* | *Projected Beginning Date* | *Anticipated Duration* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**VII. EDUCATIONAL PLACEMENT**

**A. QUESTIONS FOR IEP TEAM –** The following questions must be reviewed and discussed by the IEP team prior to providing the explanations regarding participation with students without disabilities.

|  |
| --- |
| It is the responsibility of each public agency to ensure that, to the maximum extent appropriate, students with disabilities, including those in public or private institutions or other care facilities, are educated with students who are not disabled. Special classes, separate schooling or other removal of students with disabilities from the general educational environment occurs only when the nature or severity of the disability is such that education in general education classes, EVEN WITH the use of supplementary aids and services, cannot be achieved satisfactorily.   * What supplementary aids and services were considered? What supplementary aids and services were rejected? Explain why the supplementary aids and services will or will not enable the student to make progress on the goals and objectives (if applicable) in this IEP in the general education class. * What benefits are provided in the general education class with supplementary aids and services versus the benefits provided in the special education class? * What potentially beneficial effects and/or harmful effects might be expected on the student with disabilities or the other students in the class, even with supplementary aids and services? * To what extent, if any, will the student participate with nondisabled peers in extracurricular activities or other nonacademic activities? |

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the regular education class:

|  |
| --- |
|  |

Explanation of the extent, if any, to which the student will not participate with students without disabilities in the general education curriculum:

|  |
| --- |
|  |

**B. Type of Support**

1. **Amount of special education supports**

|  |  |
| --- | --- |
|  | Itinerant: Special education supports and services provided by special education personnel for 20% or less of the school day |
|  |
| x | Supplemental: Special education supports and services provided by special education personnel for more than 20% of the day but less than 80% of the school day |
|  |
|  | Full-Time: Special education supports and services provided by special education personnel for 80% or more of the school day |
|  |

1. **Type of special education supports**

|  |  |
| --- | --- |
|  | Autistic Support |
|  |
|  | Blind-Visually Impaired Support |
|  |
|  | Deaf and Hard of Hearing Support |
|  |
| x | Emotional Support |
|  |
|  | Learning Support |
|  |
|  | Life Skills Support |
|  |
|  | Multiple Disabilities Support |
|  |
|  | Physical Support |
|  |
| x | Speech and Language Support |

**C. Location of student’s program**

|  |  |
| --- | --- |
|  |  |
| Name of School District where the IEP will be implemented: |  |
|  |  |
| Name of School Building where the IEP will be implemented: |  |

Is this school the student’s neighborhood school (i.e., the school the student would attend if he/she did not have an IEP)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | | |  |
|  |  | | |  |
| x | No. If the answer is “no,” select the reason why not. | | |  |
|  |  |  | Special education supports and services required in the student’s IEP cannot be provided in the neighborhood school | |
|  |  |  |  | |
|  |  |  | Other. Please explain: | |
|  |  |  |  | |

**VIII. PENNDATA REPORTING: Educational Environment** **(Complete either Section A or B; Select only one Educational Environment)**

To calculate the percentage of time inside the regular classroom, divide the number of hours the student spends inside the regular classroom by the total number of hours in the school day (including lunch, recess, study periods). The result is then multiplied by 100.

|  |
| --- |
| **SECTION A: For Students Educated in Regular School Buildings with Nondisabled Peers – Indicate the percentage of time INSIDE the regular classroom for this student:** |

Time spent outside the regular classroom receiving services unrelated to the student’s disability (e.g., time receiving ESL services) should be considered time inside the regular classroom. Educational time spent in age-appropriate community-based settings that include individuals with and without disabilities, such as college campuses or vocational sites, should be counted as time spent inside the regular classroom.

**Calculation for this Student:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Column 1 | Column 2 | Calculation | Indicate Percentage | | | Percentage Category | | |
| Total hours the student spends in the regular classroom per day | Total hours in a typical school day  (including lunch, recess & study periods) | (Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = % | Section A: The percentage of time student spends inside the regular classroom: | | | Using the calculation result – select the appropriate percentage category | | |
|  |  |  |  |  | **% of the day** |  | | |
|  |  | **INSIDE the Regular Classroom 80% or More of the Day** |
|  | | |
|  |  |  | **INSIDE the Regular Classroom 79-40% of the Day** |
|  |  | | |
|  |  | **INSIDE the Regular Classroom Less Than 40% of the Day** |
|  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION B: This section required only for Students Educated OUTSIDE Regular School Buildings for more than 50% of the day – select and indicate the Name of School or Facility on the line corresponding with the appropriate selection:** (If a student spends less than 50% of the day in one of these locations, the IEP team must do the calculation in Section A) | | | | | | | |
|  |  |  | |  |  |  |
|  |  |  |  |  |  |  |
|  | Approved Private School (Non Residential) |  |  |  | Other Public Facility (Non Residential) |  |
|  |  |  |  |  |  |  |
|  | Approved Private School (Residential) |  |  |  | Hospital/Homebound |  |
|  |  |  |  |  |  | 1 |
|  | Other Private Facility (Non Residential) |  |  |  | Correctional Facility |  |
|  |  |  |  |  |  |  |
|  | Other Private Facility (Residential) |  |  |  | Out of State Facility |  |
|  |  |  |  |  |  |  |
|  | Other Public Facility (Residential) |  |  |  | Instruction Conducted in the Home |  |
|  |  |  |  |  |  |  |
|  |  |  | |  |  |  |

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| --- |
| **EXAMPLES for Section A:** How to Calculate PennData – Educational Environment Percentages |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Column 1 | Column 2 | Calculation | Indicate Percentage |
|  | Total hours the student spends in the regular classroom – per day | Total hours in a typical school day (including lunch, recess & study periods) | (Hours inside regular classroom ÷ hours in school day) x 100 = %  (Column 1 ÷ Column 2) x 100 = % | Section A: The percentage of time student spends inside the regular classroom: |
| Example 1 | 5.5 | 6.5 | (5.5 ÷ 6.5) x 100 = 85% | 85% of the day (Inside 80% or More of Day) |
| Example 2 | 3 | 5 | (3 ÷ 5) x 100 = 60% | 60% of the day (Inside 79-40% of Day) |
| Example 3 | 1 | 5 | (1 ÷ 5) x 100 = 20% | 20% of the day (Inside less than 40% of Day) |

For help in understanding this form, an annotated *IEP* is available on the PaTTAN website at [www.pattan.net](http://www.pattan.net) Type “Annotated Forms” in the Search feature on the website. If you do not have access to the Internet, you can request the annotated form by calling PaTTAN at 800-441-3215.